

**Rule 2.86—Form 5: Application to Expunge Prostitution Court Records under Iowa Code section 725.1***If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.*

CLERK SUPREME COURT

**In the Iowa District Court for \_\_\_\_\_ County***County where you are filing this Application***State of Iowa or \_\_\_\_\_**

Case no. \_\_\_\_\_

vs.

**Application to Expunge Prostitution  
Court Records under Iowa Code section  
725.1****Defendant**

If you need assistance to participate in court due to a disability, call the disability coordinator (information at [www.iowacourts.gov/for-the-public/ada](http://www.iowacourts.gov/for-the-public/ada)). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

The undersigned Defendant respectfully applies to the court for an order expunging the court records in the above-captioned case pursuant to Iowa Code section 725.1(1)(c). In support of this application, Defendant states that the following statements are true and correct to the best of Defendant's knowledge:

*Read, complete, and check each item if you agree.*

1. ☐ I was convicted for a violation of Iowa Code section 725.1(1)(a), prostitution, or of a similar local ordinance on:  

\_\_\_\_\_,  
*Month*
\_\_\_\_\_,  
*Day*
\_\_\_\_\_,  
*Year*
2. ☐ I was under the age of eighteen when I engaged in the illegal sex act or acts I was found guilty of committing.
3. ☐ I have had no criminal convictions other than local traffic violations or simple misdemeanor violations under chapter 321 during the two-year period following the conviction.

**Read Before Signing**

Please check each statement below after you have read it.

- ☐ **I understand** that I must provide a copy of this application to the county attorney.
- ☐ **I understand** that the records in a criminal case expunged under this section are confidential and exempt from public access under Iowa Code section 22.7. The record shall not be accessible except by court order.

*Continue to next page*

## Certification of Service by Mailing or Delivery

*This section to be completed only if filing in paper. This Application, if filed electronically, will automatically be served on the county attorney.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your full name: first, middle, last* *Month* *Day* *Year*

I mailed or gave a copy of this Application to the county attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Mailing address* *City* *State* *ZIP code*

## Oath and Signature

I, \_\_\_\_\_, have read this Application, and I certify under  
*Print your full name: first, middle, last*

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Month* *Day* *Year* *Defendant's signature\**

\_\_\_\_\_  
*Mailing address* *City* *State* *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number* *Email address* *Additional email address, if applicable*

*\*Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*